

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	V. W.		08-30-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MM	572	10-03-01
RESPONSE FORMALITY REVIEW	HE	712	03-05-02

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	9/5/02
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3	7/9/03
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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 03-15-02

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